### FUNDAL HEIGHT AND GESTATIONAL AGE, DISCREPANCY

**DEFINITION**
Discrepancies between uterine size and gestational age based on menstrual history and/or ultrasound can indicate a problem with the estimate of gestational age, with the pregnancy itself or with the uterus. Potential problems include incorrect dates, fibroid tumors, multiple gestations, oligohydramnios, polyhydramnios, congenital defects, IUGR, etc. Follow-up studies are necessary to evaluate each of these possibilities.

**SUBJECTIVE**
Must include:
1. LMP, LNMP, PMP and other relevant menstrual history, if known.
2. Obstetrical history (e.g. previous losses, macrosomia, IUGR, other pregnancy complications).
3. Medical history (e.g. diabetes, cardiac disease, renal disease).
5. Date(s) and type(s) of pregnancy testing (both positive and negative).
6. History of gestational age at which fetal heart tones first auscultated by doppler and/or fetoscope.
7. Date of quickening, if known.

May include history of fibroids.

**OBJECTIVE**
Must include:
1. Determination of uterine size and comparison with previous uterine measurements and calculated gestational ages.
2. Gestational age at which fetal heart tones first auscultated by doppler and/or fetoscope.

May include:
1. Suboptimal exam, especially if limited by maternal obesity.
2. Ultrasound dating.

**LABORATORY**
None.

**ASSESSMENT**
Pregnancy with discrepancy between gestational age and fundal height.

**PLAN**
1. If uterine size assessed by appropriate physical exam from 6-18 weeks differs from gestational age by more than 3 cm, repeat measurement after bladder emptying. If discrepancy persists, order ultrasound. Do not repeat ultrasound if recent ultrasound has established gestational age.
2. If size is less than dates, evaluate to rule out IUGR or oligohydramnios. Consult MD.
3. If size is greater than dates, order ultrasound to confirm dates, and to rule out uterine masses, multifetal pregnancy polyhydramnios, oligohydramnios, asymmetric growth, etc. After ultrasound results available, recalculate GA and EDD. Confirm consistency of new estimate with other data, e.g. dates of positive pregnancy test and fetal heart sounds. (Note: some settings require physician to interpret ultrasound dating). Otherwise, use the following guidelines to (re)date pregnancy:
   a. If patient’s LMP is unknown or uncertain and gestational age <26 weeks and if all measurements are consistent, use ultrasound estimate of GA to calculate EDD.
   b. If patient’s LMP unknown or uncertain and gestational age ≥26 weeks, use ultrasound estimate of GA but confirm estimate with repeat ultrasound in 3-4 weeks to document adequate interval growth. Consult MD if growth not appropriate.
   c. If ultrasound EDD is 3-5 weeks different from reliable LMP-based EDD, correct EDD by cycles of 28 days.
4. If pregnancy re-dated after quadruple tests done, request re-analysis of quadruple marker test results based on new estimate of gestational age to determine if different counseling needed.
5. Inform patient of new EDD.
### PATIENT EDUCATION

1. Inform patient prior to ultrasound testing of possible causes of size > dates (LMP error, macrosomia, twin, polyhydramnios, etc.) or size < dates (LMP error, IUGR, etc.).
2. Emphasize importance of ultrasound studies and follow-up.
3. Recognize that both ultrasound measurements and fundal height are not entirely able to accurately identify low birth weight, macrosomia or misdated pregnancies. Dating by last menstrual period is the least accurate.

### REFER to MD

1. Patients with confusing data or whose ultrasound studies re-date GA by partial cycles (not 3-5 weeks different from LMP).
2. Patients with size/dates discrepancies unexplained by ultrasound evaluation.
3. Patient with IUGR, multiple gestations, amniotic fluid abnormalities or other serious problems revealed by ultrasound studies.
4. Patients whose size < dates in the third trimester, to rule out IUGR.

### REFERENCES